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17 December 1986

MEMORANDUM FOR: Associate Deputy Director for Administration

FROM:



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Deputy Director of Medical Services

SUBJECT: Impact of Proposed Applicant Processing
Center on the Office of Medical Services

1. The Office of Medical Services from the outset has supported strongly the creation of an Applicant Processing Center which would co-locate closely aligned functions in the applicant evaluation process. We continue to feel that such co-location affords the opportunity to bring unprecedented sophistication and efficiency to the evaluation process while simultaneously allowing Agency applicants to accomplish most of their processing at a single location.

2. For the same reasons that OMS strongly supports the creation of this center, we are strongly opposed to the creation of a new management position with line authority over these co-located functions. Creation of such a position will inevitably lead to a degradation of the evaluation process at the same time that it creates a schism within OMS posing obstacles to an optimal integrated applicant-employee evaluation and support system.

3. OMS fails to see any appreciable gain to offset the inevitable costs which will follow creation of the proposed management position. From our reasonably detailed understanding of the applicant processing system, it is clear that most of the deficiencies in the present system can be overcome through the co-location itself if (1) meaningful sequencing in the evaluation process is mandated, and (2) there is real-time sharing of information. Resource dependent volume constraints will remain, but this simply requires an Agency commitment of the necessary resources to accomplish the further expansion of applicant processing beyond the expansion of recent years. OMS is less familiar with the strengths and weakness of the strictly OP aspects of the system, but feels the solution to remaining problems there probably are best handled by a manager tasked exclusively with that responsibility as DD/E in OP theoretically is at present.

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4. Whatever the ostensible limits placed on a line manager overseeing medical aspects of the applicant center, the inevitable trend over time will be for this individual to want to assume increased authority over budget, space, and manpower considerations. This will lead ultimately to indirect technical control and the virtual establishment of a second medical office. Many valuable elements of the Agency's program will be jeopardized by this development. The present system of checks and balances which has successfully brought accuracy and efficiency to the medical evaluation process will be placed at risk. Short of a dramatic increase in personnel an awkward if not impossible administrative structure will be created as those responsible for both employee and applicant functions will exist within a unit with two managers. If a pure division of labor is forced, the monotony and isolation of the applicant function will erode the professional skills of those assigned to the applicant unit for more than a few months. OMS would be foolish to place highly talented people into such a situation, so the potential for deterioration would be even greater.

25X1

6. A possibly analogous position vis-a-vis the Applicant Processing Center, with which OMS would be comfortable, would create a similarly constrained "director" of the Center whose charter would include (1) establishing applicant flow rates and mix, (2) facilitating applicant sequencing through the center, and (3) ensuring that operating components were apprised in a timely manner of variations in scheduling from the established routines. This would not be a very difficult or challenging job, so it would probably be appropriate to have such a director also function in a line capacity as OP's DD for Employment. If processing problems continue in the face of appropriate sequencing in the new center, these will surely fall within the OP part of the system.

7. Viewing the "EUCA" model as the only workable "director" option, OMS is preparing for an Applicant Processing Center organized along these lines. We will have two OMS divisions in the Center: an Applicant Evaluation Division and a Research and Development Division, both reporting to D/OMS and both dealing to

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some extent with employees as well as applicants. Only the Applicant Evaluation Division will have any direct tie to the Center; it will accept tasking from the Center Director insofar as number, mix, and specific scheduling of applicants. We assume the Director will assist OMS in obtaining the necessary resources to meet increased processing demands, should these be levied. OMS also will shift resources in response to the waxing and waning of applicant processing requirements.

8. More specifically, the OMS Applicant Evaluation Division will be comprised of four branches, and one testing section:

Registry Branch will be responsible for records flow, and will render dispositions on cases which do not require interviews. It will include the expediter function. Most of the people in this unit will have line supervision in the Registry and Support Division of OMS, located in Headquarters Building, to whom they will turn for support, and with whom the direct records interface exists.

Liaison Branch will be responsible for working directly with OS representatives in the Applicant Processing Center. It will include professionals assigned to work with polygraph operators and to screen the polygraph-derived information to see if it is relevant to the OMS evaluation. This unit will also be the OMS representative to the Applicant Review Panel (ARP).

Evaluation Branch will be responsible for the suitability assessments of both CT applicants and Agency applicants in general. It will combine the professional functions of the Assessment Branch of PSD and the Psychiatric Selection Branch of MSD. As a result of this merger, only a single day's face-to-face evaluation will be necessary for CTs (or others). Both psychologists and psychiatrists will be located in this unit; and it also will continue to perform some evaluations of employees.

Clinical Branch will continue to perform multiphasic screening and medical history review in conjunction with the purely physical evaluation of applicants.

Testing Section will administer all tests in support of OMS applicant evaluations. This will include a consolidated MMPI/CPI (taking about 1 1/2 hours) on the first day (with the initial polygraph), and the PI and other assessment instruments on day two (the full day at OMS). The testing section will continue to administer many tests to employees as well.

9. The co-located OMS Research and Development Division will continue to provide day-to-day support to the automated aspects of the evaluation process (as the Research Branch of PSD presently

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does). It will also be responsible for the further automation of the applicant evaluation process, as well as detailed study of both applicant and employee profiles in OMS' ongoing effort to refine Agency selection criteria. This division will be comprised of three branches: Research Branch, Information Management Branch, and Organizational Psychology Branch. It will be formed from the Research Branch of PSD, the Information Management Branch of RSD, and appropriate additional personnel.

10. As envisioned by OMS, the Applicant Processing Center will afford the opportunity for a rapid yet sophisticated assessment of applicants through a combination of psychological testing and polygraph interview on day 1; and further psychological and multiphasic testing, with interviews as indicated on day 2. OMS decisions on suitability will almost always be rendered immediately on the basis of this rigorous initial evaluation. This should significantly reduce the necessity for further polygraph testing, and significantly increase the chance that those who do receive a further polygraph interview are successful.


11. OMS' additional resource requirements in support of this Applicant Processing Center are as follows:

Assuming 151 to 190 applicants/week

a. Personnel

2 full-time secretaries
1 full-time nurse
1 full-time psychiatrist
2 assessment psychologists (assuming 35 A&E/week)

b. Budget



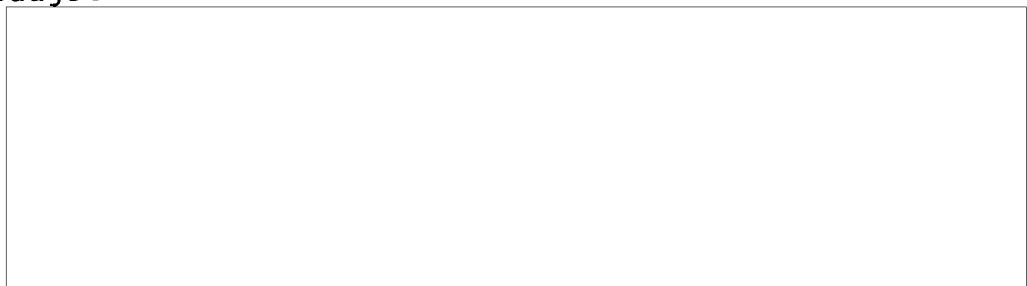
25X1

Assuming 191 to 230 applicants/week

a. Personnel

4 full-time secretaries
2 full-time nurses
2 full-time psychiatrists
2 assessment psychologists
(assuming only 35 A&E/week)

b. Budget



25X1

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